

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-975)

SERIAL NO.

FILED DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DER.	IND.	DER.	IND.	DER.
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TOTAL IND.						
TOTAL DER.						
TOTAL CLAIMS						

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	IND.	DER.	IND.	DER.	IND.	DER.
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100						
TOTAL IND.	13					
TOTAL DER.		13				
TOTAL CLAIMS	26					

\* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS